



The National

CONSUMER VOICE

for Quality Long-Term Care

formerly NCCNHR

## End the Misuse of Antipsychotic Medications Among Nursing Home Residents

### What is the Issue?

Residents of long-term care facilities are being prescribed antipsychotic medications despite having no proper diagnosis of psychosis to warrant their use. These drugs pose special risks for older people and increase the risk of death in persons with dementia. In fact, the Food and Drug Administration (FDA) warns that individuals with dementia are at serious risk of medical complications and death from taking antipsychotics.

### Why is Ending the Misuse of Antipsychotics Important to Long-Term Care Consumers?

The misuse of antipsychotic medications in nursing homes can harm long-term care consumers in many ways. When used inappropriately among nursing home residents, antipsychotic medications can:

- ***Place Nursing Home Residents at Increased Risk of Injury, Harm and Death:*** Antipsychotic drugs, when prescribed for elderly persons with dementia, can have serious medical complications, including loss of independence, over-sedation, confusion, increased respiratory infections, falls, and strokes. In fact, one study found residents taking antipsychotics had more than triple the likelihood of having a stroke compared to residents not taking these medications. Even worse, antipsychotics can be deadly; in 2005, the Food and Drug Administration (FDA) issued “Black Box” warnings for antipsychotics stating that individuals diagnosed with dementia are at an increased risk of death from their use.
- ***Be Employed as a Chemical Restraint for Nursing Home Residents:*** A chemical restraint is a drug not needed to treat medical symptoms and used because it is more convenient for facility staff or to punish residents. Although the Medicare and Medicaid programs prohibit chemical restraints, antipsychotic medications continue to be used for residents with dementia as a means of behavior control and/or as a substitute for good, individualized care. For this reason, it is important to ensure these medications are being used only when appropriate among residents with proper diagnoses for psychotic disorders.
- ***Destroy the Quality of Life and Dignity of Nursing Home Residents:*** Antipsychotics can be so powerful that they sedate residents to the point where they become listless and unresponsive. Residents may be slumped in wheelchairs or unable to get up from bed; they may no longer be able to participate in activities they enjoy or even talk with their loved ones.
- ***Cost All Long-Term Care Consumers Billions of Dollars:*** These medications often come with a hefty price tag, so the misuse and overprescribing of antipsychotics in long-term care facilities is extremely costly for the Medicare and Medicaid programs as well as for taxpayers. Ending the misuse of these medications among nursing home residents would help save precious health care dollars that could be used to serve beneficiaries.

## **There are Better Approaches to Care**

There are better approaches that can be used to care for residents with dementia, such as:

- ⇒ Identifying and determining the cause of behavioral symptoms (anger, agitation, swearing, continuous wandering, etc.). Labeling people as “problem behaviors” only masks the problem.
- ⇒ Developing an individualized care plan to address these symptoms.
- ⇒ Good care practices, such as consistent staff assignments, adequate numbers of staff, staff training in how to care for people without physical or chemical restraints, increased exercise or time outdoors, monitoring and managing acute and chronic pain, and planning individualized activities have been emphasized by the Center for Medicare and Medicaid Services (CMS) as nonpharmacological treatments and therapies for residents with dementia and other cognitive disorders.
- ⇒ Staff training in how to care for people without physical or chemical restraints.

## **What are the Signs of Someone Who is At Risk for Improper Antipsychotics Prescription?**

Individuals exhibiting behaviors such as:

- ◇ Agitation, distress, anger
- ◇ Screaming, even swearing
- ◇ Hitting, lashing out
- ◇ Confusion, paranoia and delusions
- ◇ Continuous wandering or pacing
- ◇ Failure to cooperate

Alternately, if the individual has been showing the above behaviors and is suddenly subdued, lethargic, has decreased appetite, insomnia, or similar changes, ask what’s changed with this person. It may be an indication that they have been given an antipsychotic medication.

## **What Can Be Done to Promote the Safety of Residents with Dementia in Nursing Homes?**

- Ask for a care plan conference and ask why each drug was ordered, the potential side effects of each drug and possible drug interactions
- Ask questions – use why, when, where and how questions to consider as many reasons for the behavior as possible
- Keep the focus on the resident’s needs
- Monitor the care plan – if it’s not being followed, speak up immediately
- Work closely with staff to help them get to know the resident
- If drugs are being considered for behavioral symptoms, ask that other approaches be tried first
- Speak with the doctor if s/he wants to order a psychoactive drug. Ask about the risks
- Understand resident rights to individualized care, to refuse treatment, to making decisions about care and treatment
- Contact the long-term care ombudsman for assistance—search for a local program at [www.ltombudsman.org](http://www.ltombudsman.org).

**For more information, contact the Consumer Voice at  
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